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ABSTRACT

Despite their obvious talents and professional success, many women in professional training lack self-esteem and a sense of personal worth. In psychotherapy, these women reveal the maintenance of close ties to their families of origin and an orientation towards fulfilling parents' needs and expectations. The therapeutic work involves helping them to complete the tasks of separating from their families and developing individuated goals that are distinct from their parents' expectations for them. Self-esteem increases as the woman begins to correct some of the distorted perceptions she has had of herself since childhood, relinquishes unrealistic expectations she has of her parents, and begins to perceive herself as having a separate identity. The capacity to self-nurture is an important part of the development of self-esteem. (Author)

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Issues in Psychotherapy with High Achieving Women: Separation and Self-Esteem

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TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

1. Portions of this paper were presented at the Colorado Psychological Association Annual Meeting, Snowmass, Colorado, 1979.

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2. "Parentectomy" had been described in an essay in the textbook used in the psychiatry course as a means of treating asthmatic children (Christ, 1977).

3. This paper is based on psychotherapy experience (both short and long-term) with 15 women in professional training in medicine and in related biological sciences.

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One of my medical student clients aptly summed up her therapeutic experience in one word. "She was undergoing," she announced during the 10th session, "a parentectomy."[2] She recognized that she was both the surgeon and the patient in this procedure, which was, in her estimation, long overdue. Though she had left home, several years before to attend college, she had never successfully altered the intense relationship she had with her family. Her mother, who was a lonely woman, called her daily from a nearby home town. Mother had recently divorced her husband and needed to vent her feelings about her husband's many transgressions. My patient felt used by her mother to satisfy mother's overwhelming needs for a social worker, a confidante, and a parent. Mother's reliance on her daughter had been a chronic problem, but was greatly exacerbated by the divorce. My patient felt that she was expected to fill all these needs, which she could not realistically do. The situation left her feeling inappropriately used and trapped. At the time she entered therapy, this woman was just beginning to face the resentment and guilt that she felt towards both her parents for making excessive demands on her and refusing to allow her to separate from the family. She was also conflicted about becoming more independent, as it had been gratifying to be needed by her parents and to perceive that she was "special" to them. A parentectomy, she decided, was the treatment of choice. Despite her parents' unwillingness to help her become an adult, she felt ready to begin relinquishing the overly-intense ties to her family.

In my psychotherapeutic experience with women in medical school and in related biological sciences,[3] I have repeatedly

encountered a peculiar paradox. Though these women tend to be self-sufficient and strongly self-directed, many of them have maintained intense ties to their parental families. It becomes clear early in therapy that these women have not completed the task of separation though they may have geographically moved away from their families. It also appears that the parents are not eager to see their daughters separate and move away from the family emotionally.

The strong parental involvement that these women have experienced since childhood clearly did not instill a balanced sense of self-esteem. In fact, the most common complaint of these high achieving women when they enter therapy is that they feel inadequate and unlovable. Prior to entering the therapy, they began to make some connections between the messages they were given as children and their current self-esteem deficits. This paper is concerned with the process of separation as it occurs in psychotherapy with high achieving women and its impact on emerging self-esteem.

Low Self-Esteem: A Multigenerational Problem

It is a peculiar paradox that the most gifted people often suffer from severe doubts about their own worth. Parents, in families that raise high achieving daughters, often have pervasive probelms with self-esteem, problems that seem incongruous with their obvious talents. Parents who have not learned to love themselves have great difficulty instilling

a consistent sense of self-love in their children. As a consequence of their own achievement-oriented upbringing, parents praise their children for their achievements, but have great difficulty expressing affection and warmth (Neff, Note 1). Although they love their children, the direct expression of affectionate feelings is likely to make these parents feel vulnerable and anxious. The child in this family is left wondering, "Am I lovable? Do I have any value outside of my accomplishments?" Self-esteem, is tenuous and linked to continued accomplishments and the erratic praise of others. The problem is compounded by the tendency of parents who feel inadequate to be overly-critical. Under their tutelage, children learn a standard of perfection that is often difficult to accomplish. Good performance is not considered meritorious. One must excel. Additionally, parents frequently perceive their children as extensions of themselves, who can enhance the parents' self-esteem by performing well. The client described earlier was aware that B grades did not make her father feel good. Only high A's allowed him to feel expansive. While it was nice that she was in medical school, he was disappointed that she did not receive honors for him.

The self-esteem problems faced by the mother in a high achieving, but traditional family structure, pose an even greater dilemma. Despite her talents, the role-limitations imposed on a woman in the 1950's, relegated her to an occupation

that was unsalaried and frequently unstimulating, as powerfully described in the book The Woman's Room (1977). Unlike her husband she could not readily enhance her shaky self-esteem through professional success. These women often turned to their children, especially their daughters, to vicariously confirm their personal worth. If a mother raised a super-daughter that was evidence that she was not so bad herself. And if the super-daughter had a more exciting lifestyle, mother could, perhaps, derive some vicarious pleasure from it.

The impact on the daughter's developing self-esteem is significant. In the face of both parents' expectations and narcissistic investment in their daughter, it is frequently difficult for the daughter to develop a clear-cut sense of identity and separateness and difficult for her to feel unconditionally valued as a person. She may feel conflicted about the angry feelings aroused by her parents intrusive presence in her life. Unfortunately, the experience of being "special" in a narcissistically-oriented family system is more likely to lead to feelings of expansiveness alternating with severe self-doubt, rather than an integrated, stable self-concept. One of the first steps towards progress in my client's "parentectomy" was the realization that she resented the frequent phone calls from her mother. Once she acknowledged the resentment, she began to set appropriate limits. In setting these limits, she recognized that she risked a parental crisis i.e. that her mother would become angry and rejecting. This did

not occur. She was somewhat ambivalent about giving up the intense contact with her mother, because her perceived importance to her mother had allowed her to feel needed.

As my patients describe their parents, they often appear to have been chronically depressed. By daughter's report, mother did not model positive feelings about herself or about being a woman. The young daughter's identification with mother is one source of her low self-esteem. Fathers are frequently equally self-deprecating, and even less comfortable than their wives in experiencing emotional closeness with their children. They too are frequently inadequate as role models for developing healthy self-esteem. Parents' personal feelings of inadequacy are often intensified by family members' devaluing attitudes toward one another. Family members, in a low self-esteem family system, often derive a temporary boost to their self-esteem from deprecating and humiliating one another. "One up" or "one down" is a lesson learned early in these families and being one up is a distinctly preferable position. Unfortunately, mother and daughter relationships are as fertile ground for deprecating interactions, as are other family relaitonships. Thus, mother and daughter may alternate as targets for each others' critical and disparaging feelings, which reflect their own inadequacy, and allow neither to feel respected in the eyes of the other.

Emerging Self-Esteem

Reassurance, support, and positive regard in a therapy relationship constitute the medium in which self-esteem changes

can take place. While these features of the therapeutic alliance are necessary for change to occur, they are often not sufficient. Instead the processes of separation and individuation constitute the key work. The therapeutic process is a developmental one, which involves finishing off incompleted developmental tasks.

Most of my clients enter therapy with markedly negative feelings. Frequently low self-esteem is the presenting complaint, accompanied by feelings of despondency and anxiety. "I have always felt defective, like there is something wrong with me. I've always felt unlovable," are common self-descriptions of these women. Insight into the roots of these painful feelings is an important initial task in therapy. Insight connecting current self-esteem deficits to experiences in childhood are often readily accessible. The detective work of piecing together past and present experiences into a coherent picture often evokes feelings of surprise and pleasure, as well as sadness and loss. Memories and dreams provide some of the necessary information, as do the woman's current interactions with her family. It is amazing how many of the features of parental relationships at age three are still to be found in interactions with parents at age thirty. For one woman, who had extensively repressed her childhood experiences, an important piece of the puzzle was her awareness of her anger when, at Christmas, her mother bought her several pairs of ski socks as a "special

gift" while her brother's "special gift" was an expensive stereo system. For another woman, an important piece of the therapeutic picture, was her memory of being ridiculed, as an adolescent, whenever she showed interest in a boy or whenever she dressed in a way that her parents proclaimed to be "very sexy."

The therapeutic task encountered by these women involves understanding the roots of their self-esteem problems, and developing an awareness of their parents' limitations. Parental criticism, humiliation, and excessive demands are re-interpreted as a reflection of the parents' own feelings of inadequacy and anxiety rather than an accurate assessment of the daughter. The absence of unconditional love and comforting are re-examined as a consequence of the parents' limitations in expressing affection rather than a defect in the daughter.

The initial feeling experienced by the woman in perceiving her parents' limitations is often one of simultaneous anger and relief. Anger because her parents have repeatedly disappointed her; relief because there is an explanation less painful than her belief that she is defective and a disappointment to them. The anger eventually yields to sadness and a sense of loss as it becomes clear that the parental love that she has secretly longed for will never be provided by her parents, no matter what she achieves. Intermittent praise may be available and their respect, but if she needs to feed nurtured, she will have to learn to nurture herself.

This phase of therapy usually involves grieving for losses, both past and future. By owning her wishes, accepting her anger, and grieving for her losses, depression is often diminished significantly. Feelings of anger and sadness can be experienced separately without the oppressive sense of guilt and anxiety that led to depressed feelings in the past.

A final stage, not always accomplished, involves the acceptance of parents despite their limitations and the development of a new, if limited, relationship with them, as an adult. Some parents are so recalcitrant, and some daughters so angry, that acceptance cannot be accomplished. Saying goodbye is the best that can be done.

Anger is often experienced again as the woman begins to explore her parents' excessive demands and narcissistic needs for her to perform for them. While the process of separation involves relinquishing old wishes and overly intense attachments, individuation requires that the daughter sort out her values and her needs to achieve, from those of her parents. If the motivation to achieve has not been experienced as her own, the woman may feel like an "impostor," a phenomenon described by Clance and Imes (1978). Her resentment and conflicts about complying with parental wishes may result in work blockages that are energy consuming and interfere with creativity. As this issue is processed in therapy and the daughter becomes clearer about what she wants, she may find herself with more

energy for work or she may choose not to invest the energy that high achievement requires.

Finally, there is much exploration to be done with respect to self-nurturing. Early in the course of therapy when I ask a client what she can do to make herself feel better, I have invariably received a blank look and the response that she cannot imagine any way that she could make herself feel good. Further down the road, if therapy is proceeding successfully, the ability to self-nurture does develop. It is reflected in the woman's increasing ability to be less self-critical, to constructively indulge some of her wishes and fantasies, to be affectionate to herself, to ask for support from others, to admit to vulnerabilities, and to allow herself, at times, to feel exceedingly sad. In my experience the capacity for genuine self-nurturance is the single best indicator of a successfully completed therapy.

All of these processes, relinquishing intense ties to parents, giving up unrealistic wishes in exchange for ones that can be more readily fulfilled, developing individuated goals, and learning to self-nurture are intertwined aspects of the therapeutic process. Like the separate strands of a rope, they converge in a final common pathway leading to increased self-respect and self-love.

Reference Note

1. Neff, J.W. Psychotherapy with the educational superachiever. Paper presented at the American Psychological Association Annual Meeting, New York, 1979.

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